

STATE OF WASHINGTON UNIFORM INCIDENT REPORT

D A T A	AGENCY NAME LAKE STEVENS POLICE DEPT.		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER 15-00551	
	TYPE OF REPORT <input checked="" type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT		<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:	
	INCIDENT CLASSIFICATION Collision (Driver Hbd)		PREMISES TYPE / NAME CITY STREET		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	ADDRESS / LOCATION OF INCIDENT 923 Vernon Rd Lks				LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL	
P E R S O N S / B U S I N E S S E S	REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO	
	MONTH 02	DAY 28	YEAR 15	TIME 1545	DOW Sat	
	ADDL ON <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD	
	NO. RP		NAME (LAST, FIRST, MIDDLE) Mccally, Mike		RACE ETH SEX DOB HGT WGT HAIR EYES	
	STREET ADDRESS		CITY		STATE ZIP CODE RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	RESIDENCE PHONE 425-931-8693		BUSINESS PHONE		OCCUPATION SOCIAL SECURITY NO HATE / BIAS TYPE VIC TYPE INJ VICTIM OF OFNS# OFNDR# RELAT.	
	NO. NON-DISC		NAME (LAST, FIRST, MIDDLE)		RACE ETH SEX DOB HGT WGT HAIR EYES	
	STREET ADDRESS		CITY		STATE ZIP CODE RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION SOCIAL SECURITY NO HATE / BIAS	
	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT: 1		SUSPECT CODES		A - ARREST R - RUNAWAY S - SUSPECT M - MISSING I - INSTITUTIONAL (MENTAL / DETOX) X - OTHER	
NO. NAME (LAST, FIRST, MIDDLE) S Caryl, Brian L		RACE ETH SEX DOB AGE HGT WGT HAIR EYES W M 031269 507 140 GRN				
ALIAS NAME(S)		IDENTIFIERS				
STREET ADDRESS 10811 27th St Ne		CITY Lake Stevens		STATE ZIP RES. STATUS: WA 98258 F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
EMPLOYMENT / OCCUPATION / SCHOOL		BUS. PHONE		SOCIAL SECURITY NUMBER DRIVERS LICENSE / I.D. CARD NO. STATE 000-00-2062 CARYLBL313DK WA		
IBR ARREST OFFENSE NO.		BOOKED / WHERE BOOKING #		CHARGES 1. <input checked="" type="checkbox"/> M <input type="checkbox"/> F Negligent Driving-Pros Rev 2. <input type="checkbox"/> M <input type="checkbox"/> F 3. <input type="checkbox"/> M <input type="checkbox"/> F		
ARREST DATE		LOCATION OF ARREST		CITATION / WARRANT # / AGENCY BAIL		
AFFILIATION		ON VIEW ARREST <input type="checkbox"/> CITED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> STATEMENT <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> WRN CHARGES <input checked="" type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED ARRESTEE ARMED WITH PCN / IDENTIFICATION NUMBER MULTI CLEAR <input type="checkbox"/>				
JUV. PARENT GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE / TIME NOTIFIED NOTIFIED BY: DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>		
V E H I C L E / T R L / B O A T	VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED # <input type="checkbox"/> LOCATED <input checked="" type="checkbox"/> TOWED <input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED <input type="checkbox"/> EVIDENCE <input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER <input type="checkbox"/> VICTIM'S VEH. <input type="checkbox"/> SUSPECT'S VEH. <input type="checkbox"/> HOLD FOR:					
	NO. 1	LICENSE NUMBER 3B4334	STATE WA	VIN / HULL NUMBER	YEAR 04	MAKE YAMA
	COLOR BLU	SPECIAL FEATURES / DESCRIPTION		VALUE/STOLEN \$	DRIVER IS: <input checked="" type="checkbox"/> R / O <input type="checkbox"/> PERSON # S	REGISTERED OWNER'S NAME BRIAN L CARYL
	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> TOWED		TOW COMPANY NAME / ADDRESS / PHONE Mack's Towing		STATE TOW NO.	REGISTERED OWNER'S ADDRESS 10811 27th St Ne Lake Stevens Wa 98258
	LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	DELINQ. PAYMENT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	VICTIM CONSENT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	THEFT INS. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	DRIVE-ABLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
	DAMAGE TO VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 5 3 1 8 6 4 2	
					DAMAGE EST \$	
	SIGNATURE OF PERSON					
	DATE					
	OFFICER NAME / NUMBER W. Aukerman/#72		AREA		APPROVED BY [Signature] ASSIGNED	
FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR <input type="checkbox"/> MARYS <input type="checkbox"/> EVRGN		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS <input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		
				DATA ENTERED DATE		

LSPD ORIGINAL

ADDITIONAL NARRATIVE

AGENCY NAME LAKESTEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION COLLISION-HBD DRIVER	INCIDENT NUMBER 15-00551
NAME OF VICTIM(S)		

OFFICER:

On the date and time of this incident I was wearing a full Lake Stevens Police Department issued duty uniform which includes shoulder department patches and a chest badge which clearly identified me as a law enforcement officer. On the date and time of this incident I was operating a marked Lake Stevens Police Department patrol vehicle. On the date and time of this incident I had legal authority to arrest. I have been a city of Lake Stevens Police Department Police Officer for 15 years, and had been a drug recognition evaluator (DRE) from 2007 through 8/2013. During my 15 years as a police officer I have made over a hundred arrests of suspected impaired drivers under the influence of intoxicating liquor and/or drugs and I have had contact with thousands of persons under the influence of intoxicating liquor and/or drugs.

SUMMARY:

45 year old Caryl had left a nearby drinking establishment riding his motorcycle. Caryl proceeded around a roundabout and exited the roundabout. Shortly after exiting the roundabout, Caryl's motorcycle went down and he was found unconscious. Aid arrived and secured Caryl to a backboard. I spoke with Caryl in the back of an aid car; which smell of intoxicating liquor. Caryl stated he got his "buzz on", drinking 2 to 3 beers and was on his way home. Caryl claimed to not recall the collision and stated he only remembered stopping to wait; though could not recall what he was waiting for. I checked Caryl's eyes and found 4 of 6 clues of gaze nystagmus. Caryl smelled of intoxicating liquor, he admitted to have been drinking liquor and that he had gotten his "buzz on". Caryl declined a preliminary breath test and was transported to the hospital for further evaluation.

NARRATIVE:

On 03/28/2015 at about 1545 hours (all times approximate) I was advised by police dispatch of a bicyclist that had gone down in the area of Les Schwab, 923 Vernon Road in the city of Lake Stevens, and that the rider was unconscious; possibly in a seizure and that aid was en route. At about 1551 hours dispatch requested police respond to the scene for traffic control. When I brought up the call on my mobile dispatch terminal (MDT) I observed the call to show a motorcycle rider had a seizure; not a bicyclist.

At about 1549 hours I arrived on scene. Arriving on scene I observed two aid cars on scene, one was blocking the northbound lane of Vernon Road and the second aid car was in the entrance to Les Schwab. I closed the northbound lane of travel on Vernon Road by blocking the lane at the roundabout with my patrol car and walked to the scene. As I approached the scene on foot, I observed a blue in color motorcycle (racing style) in the roadway on its left side and an adult male being treated by aid personnel. The motorcycle rider at this time was on a backboard, with his helmet off and his head movement had been immobilized by aid personnel (tape across the rider's forehead and chin). A plastic piece nearby on the roadway appeared to be the clear plastic face shield of a motorcycle helmet.

I ran the motorcycle license plate (3B4334) over the radio to dispatch and found the motorcycle to be registered to Brian L. Caryl out of Lake Stevens. Aid personnel supplied a small plastic container they had gotten from the

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER W. AUKERMAN/#72	APPROVED BY 
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**LSPD
ORIGINAL**

ADDITIONAL NARRATIVE

AGENCY NAME LAKESTEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION COLLISION-HBD DRIVER	INCIDENT NUMBER 15-00551
NAME OF VICTIM(S)		

rider. Inside the container was the rider's identification. The rider was identified by a valid Washington State driver's license to be Brian L. Caryl DOB 1969.

Aid personnel loaded Caryl into the back of an aid car. I was approached by two witnesses, one stating he had seen the motorcycle come through the roundabout in a normal and slow manner, "not racing around" and then go down after exiting the roundabout. The witness stated he seen the rider's arms go up in the air quickly then the motorcycle went down. A female witness stated she had seen the motorcycle go down and when she approached the rider she noted he sounded like he was snoring and that his hand was clench and his arm was tight as though he was in an "old lady seizure".

I was approached by aid personnel who claimed the rider had stated he had been drinking today. I went to the aid car where Caryl was located and entered. When I entered the aid car I immediately noted the obvious odor of intoxicating liquor in the aid car.

I contacted Caryl and identified myself to him. When I asked Caryl what had happened today, Caryl could not recall. Caryl then stated he last remembered stopping to wait; though he could not recall what he had been waiting for. When I asked Caryl if he had been drinking today, Caryl stated he had been at Razzals, that he got his "buzz on", having two or three beers there and that he was on his way home in Lake Stevens. When I asked Caryl why he would "get his buzz on" and attempt to operate a motorcycle that requires all of his attention and balance, Caryl just looked at the ceiling of the aid car and did not reply. Caryl could not recall the direction he had been traveling before the collision. Caryl claimed he does not have any history with seizures.

I asked Caryl if I could check his eyes. Caryl stated I could. I checked Caryl's eyes as he lay on his back secured to a backboard and his head immobilized in the back of the aid car.

Checking Caryl's eyes I noted he had equal pupils and equal tracking. I then observed a lack of smooth pursuit in both of Caryl's eyes on both passes. I then observed distinct nystagmus at maximum deviation in both of Caryl's eyes on both passes. I did not observe an onset of nystagmus prior to forty five degree or vertical gaze nystagmus. As I checked Caryl's eyes I noted his eyes to be watery and bloodshot. As I stood over Caryl I noted the obvious odor of liquor emanating from his mouth as he exhaled his breath.

I asked Caryl if he would submit to a voluntary portable preliminary breath test (PBT) and he declined.

Caryl stated he just wanted to wait for his wife to come get him. I told Caryl that he was about to go to the hospital in an aid car. Caryl asked me why. I explained to Caryl that he was going to go to the hospital for further evaluation since he was currently immobilized on a backboard, that he had been involved in a collision which he does not recall and that he may have been in a seizure. Caryl only replied "oh".

At about 1608 hours Caryl was transported by aid car to the hospital for further evaluation.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER

W. AUKERMAN/#72

APPROVED BY

[Signature]

**LSPD
ORIGINAL**

ADDITIONAL NARRATIVE

<small>AGENCY NAME</small> LAKESTEVENS POLICE DEPARTMENT	<small>INCIDENT CLASSIFICATION</small> COLLISION-HBD DRIVER	<small>INCIDENT NUMBER</small> 15-00551
<small>NAME OF VICTIM(S)</small>		

The motorcycle that Caryl had been operating at the time of the collision, and is the registered owner of, was impounded by law enforcement since it had been left at the scene and Caryl had been transported from the scene by an aid car. Mack's Towing arrived on scene and impounded the motorcycle.

I took several digital images of the motorcycle and collision scene. Based on evidence at the scene it is found that Caryl had been traveling northbound on Vernon Road, exiting the roundabout at North Davies Road, when his motorcycle appeared to have left the lane travel portion of the roadway and struck the raised cement curbing on the east side of the roadway. The collision with the raised curbing resulted in the motorcycle and rider going down and sliding 20-30 feet. The falling force was great enough to remove the face shield of the helmet and break the left side handlebar of the motorcycle and a foot peg. A witness described the rider as possibly being in a seizure directly after the collision.

Checking Caryl's driver's return I did not see any prior DUI/PC or RD convictions on file.

After talking with Sgt. Valvick about this incident, and having no victim property damage or other victim vehicles involved as a result of the collision, I elected not to try for a search warrant to obtain blood evidence from Caryl for a possible impaired driving charge and decided to complete a case report that would be sent to the city prosecutor for review on charging for negligent driving.

ATTACHMENT:

- 1.) State collision report

RECOMMENDATIONS:

Forward report to city prosecutor for review on charging.

END OF REPORT.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

<small>OFFICER NAME / NUMBER</small> W. AUKERMAN/#72	<small>APPROVED BY</small> 
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**LSPD
ORIGINAL**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO.

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-00551		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	01	OBJECT STRUCK	RAISED CEMENT CURBING

TRIBAL RESERVATION						
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #		
DATE OF COLLISION	02 - 28 - 2015	1545	31	N S E W	IN OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>					
VERNON ROAD	BLOCK NO.	900					
DISTANCE	60	00	MILES	FEET	N S E W	OF (REFERENCE OR CROSS STREET)	N DAVIES ROAD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	
LAST NAME	CARYL	FIRST NAME	BRIAN	MIDDLE INITIAL	L		

STREET NEW ADDRESS	10811 27TH ST NE				
CITY	LAKE STEVENS	ST	WA	ZIP	98258

GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	CARYLBL313DK	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	03	12	1969
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	1	EJECT	1	HELMET USE	1	INJURY CLASS	7	NATURE OF INJURIES	POSSIBLE SEIZURE/KNOCKED OUT
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LICENSE PLATE #	3B4334	STATE	WA	VIN#	JYARJ0-6E04A016833
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	YAMC	MODEL	YZF	STYLE	MT	VEHICLE TOWED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	MACKS TOWING	GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER						
LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #				
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PHONE	
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LAST NAME		FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX		D.O.B.	MMDDYYYY			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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REGISTERED OWNER INFO.						
LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #				
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	



OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

CASE #

15-00551

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	

NARRATIVE

On 02/28/2015 at about 1545 hours I was dispatched by police radio to a single motorcycle collision with possible injury in the 900 block of Vernon Road NE in the city of Lake Stevens. It was reported that a motorcycle had gone down in front of Les Schwab (923) and that the rider was unconscious; possibly having a seizure.

Based upon my investigation of the collision it is found that 45 year old Caryl had left a nearby drinking establishment riding his motorcycle. Caryl proceeded around a roundabout (Frontage Road/N Davies Road Road/Vernon Road) and exited the roundabout onto Vernon Road northbound. Shortly after exiting the roundabout, Caryl's motorcycle went down after striking the raised cement curbing on the east side of the road lane. Caryl was found unconscious and appeared to be in a seizure (snoring with his hands clinched and arms tight). I was told by aid personnel, who had Caryl on a backboard and in the back of an car, that Caryl had stated he had been drinking.

I spoke with Caryl in the back of the aid car. The interior of the aid car had the obvious odor of liquor. Caryl stated he got his "buzz on", drinking 2 to 3 beers at Razzals and he was on his way home. Caryl claimed to not recall the collision and sated he only remembered stopping to wait; though could not recall what he was waiting for.

I checked Caryl's eyes and found 4 out of 6 clues of horizontal gaze nystagmus. I did not observed an onset of nystagmus prior to 45 degrees or vertical gaze nystagmus. Caryl smelled of intoxicating liquor, he admitted to having been drinking and that he had gotten his "buzz on". Caryl declined a preliminary breath test and was transported to the hospital for further evaluation.

A case report was completed for negligent driving and sent to the city prosecutor for review.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-02-15 08:16 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

3/2/2015 11:30:32 PM

BADGE OR ID #

72

ORI #

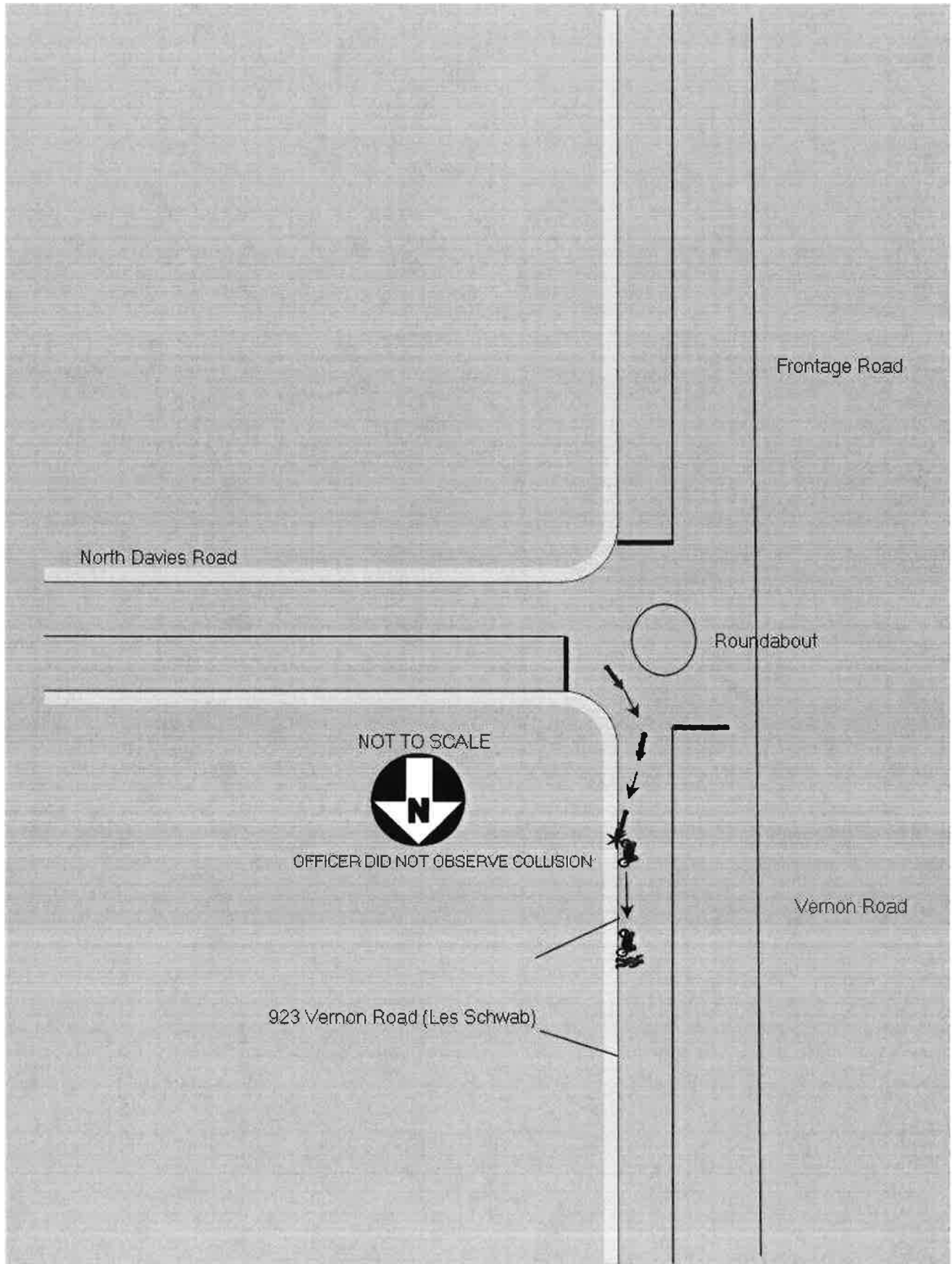
WA0311900

TIME POLICE DISPATCHED

3:45 PM

TIME POLICE ARRIVED

4:37 PM



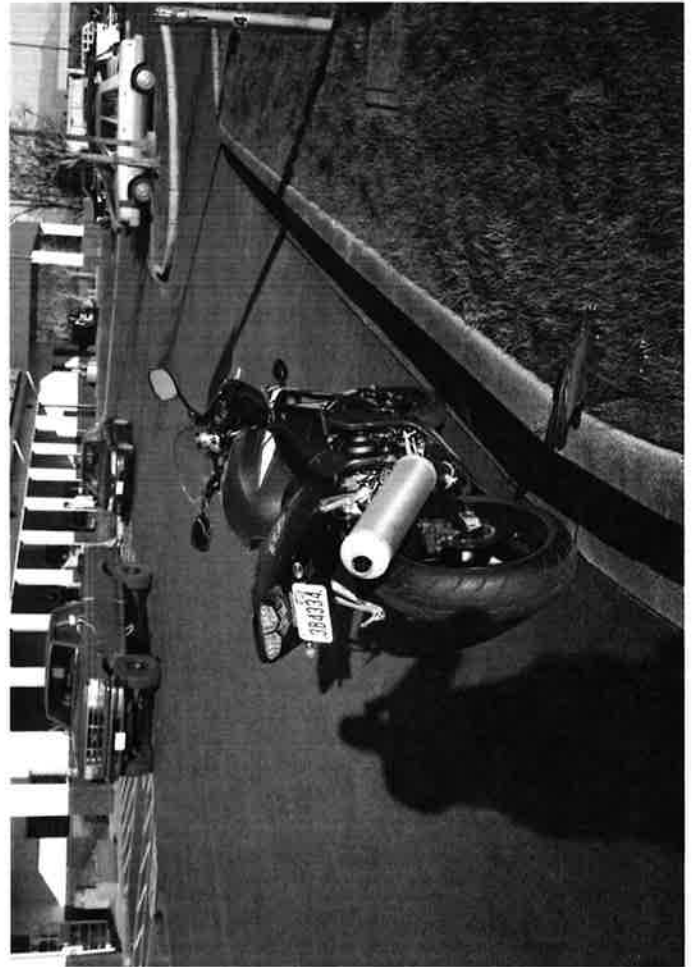
LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>AUERMAN #12</i>			Case Number <i>15-00552</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>COLLISION</i>			Date/Time: <i>3/1/2015 0600</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification					

Case # 15-00551

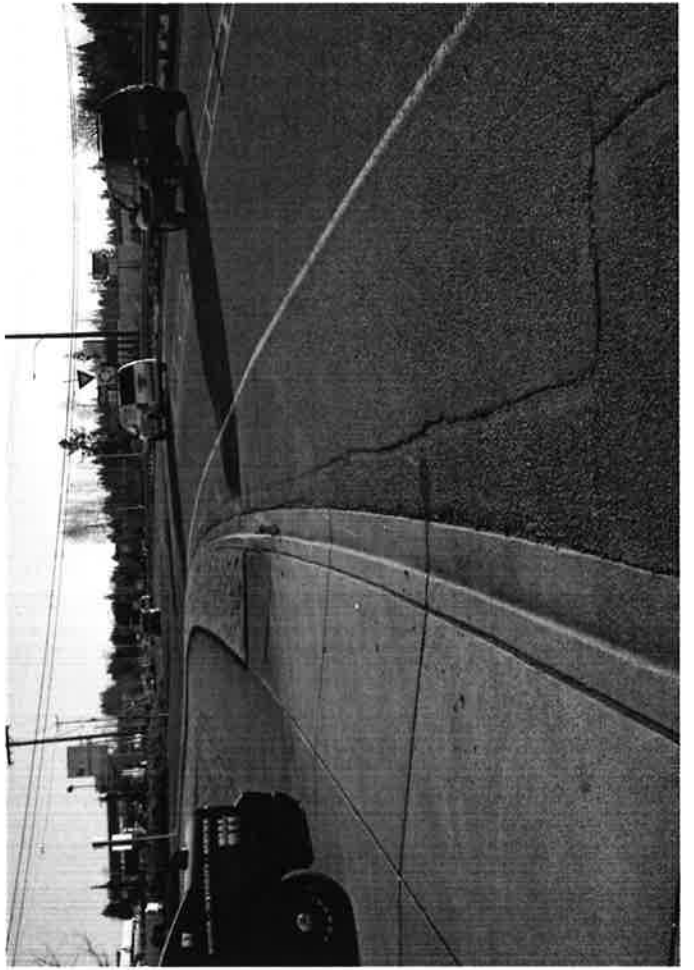
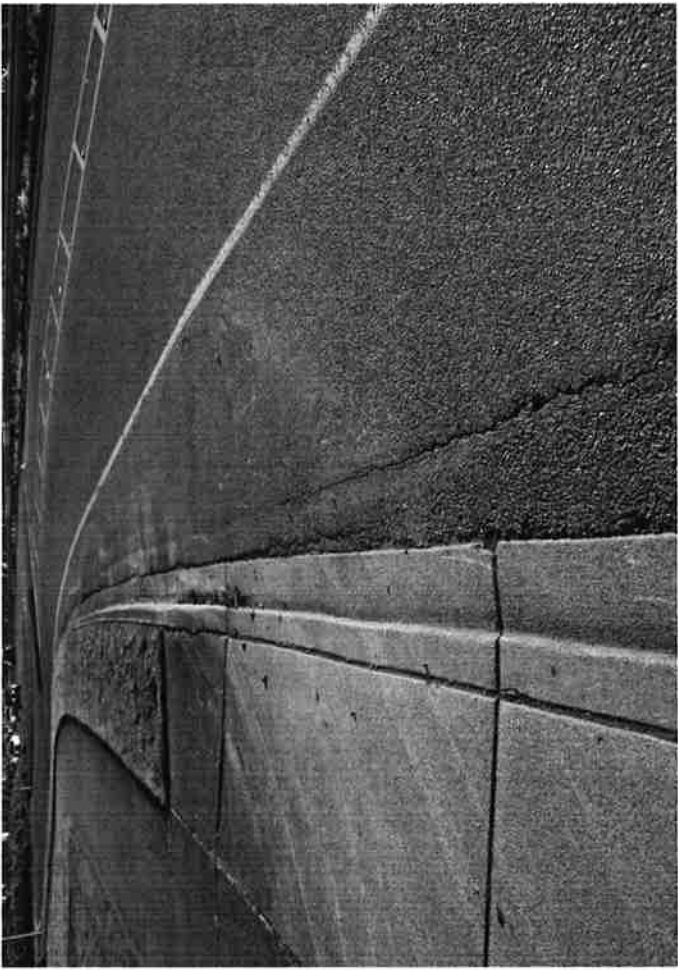
Item # Action #	1	Item <i>CD-RW</i>	Brand Name <i>COMPUCESSORY</i>	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found <i>900 VERNON RD</i>	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>MCS</i>								
Item # Action #		Item	Brand Name	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #		Item	Brand Name	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #		Item	Brand Name	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #		Item	Brand Name	Storage Location	Disposition			
		Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

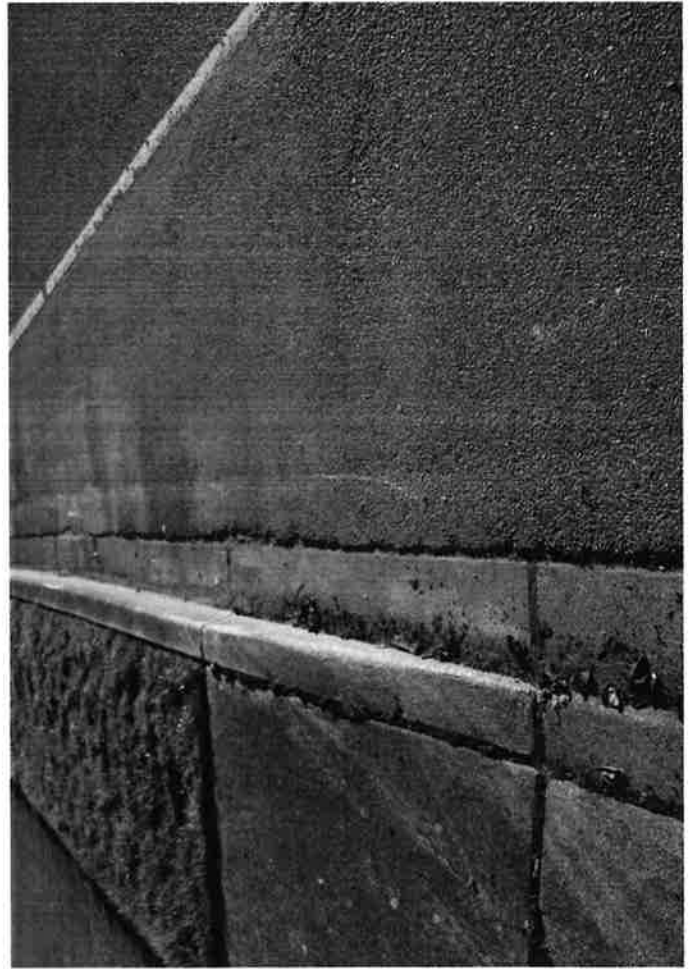
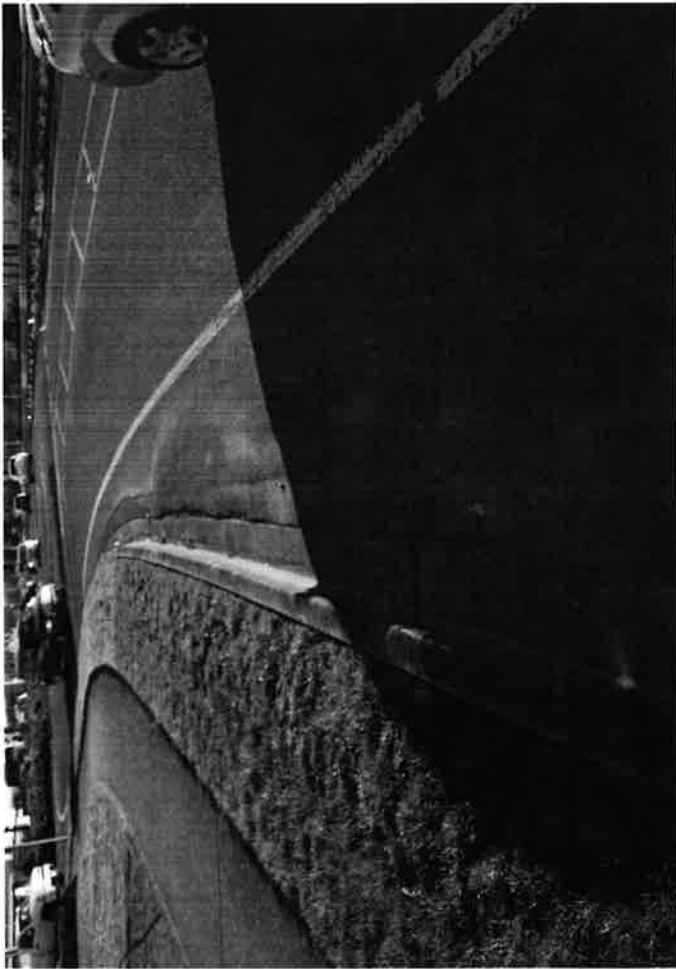
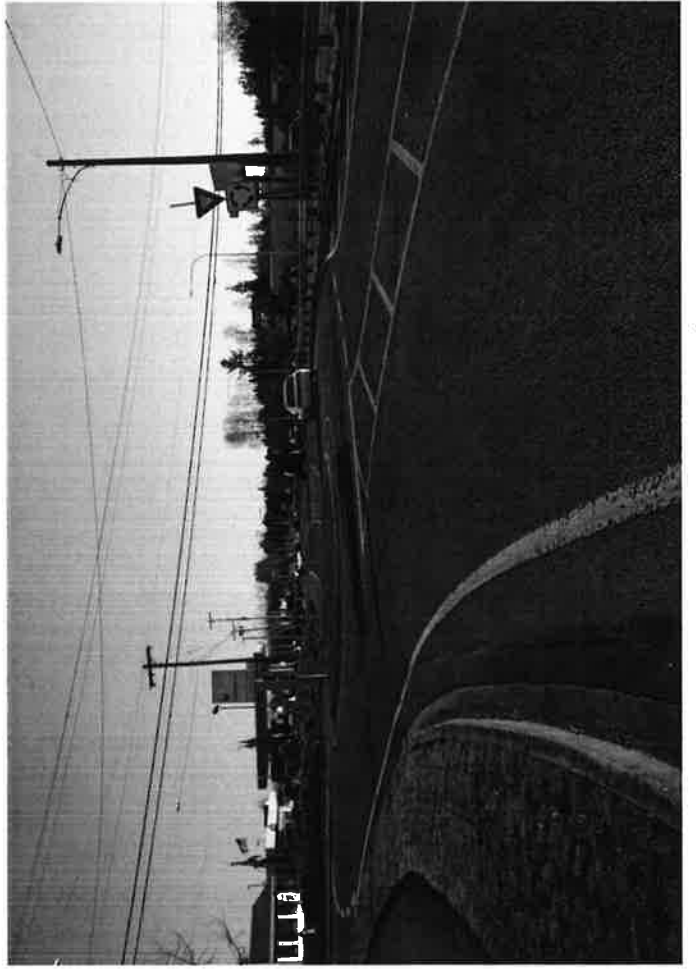
Evidence Control Use Only:

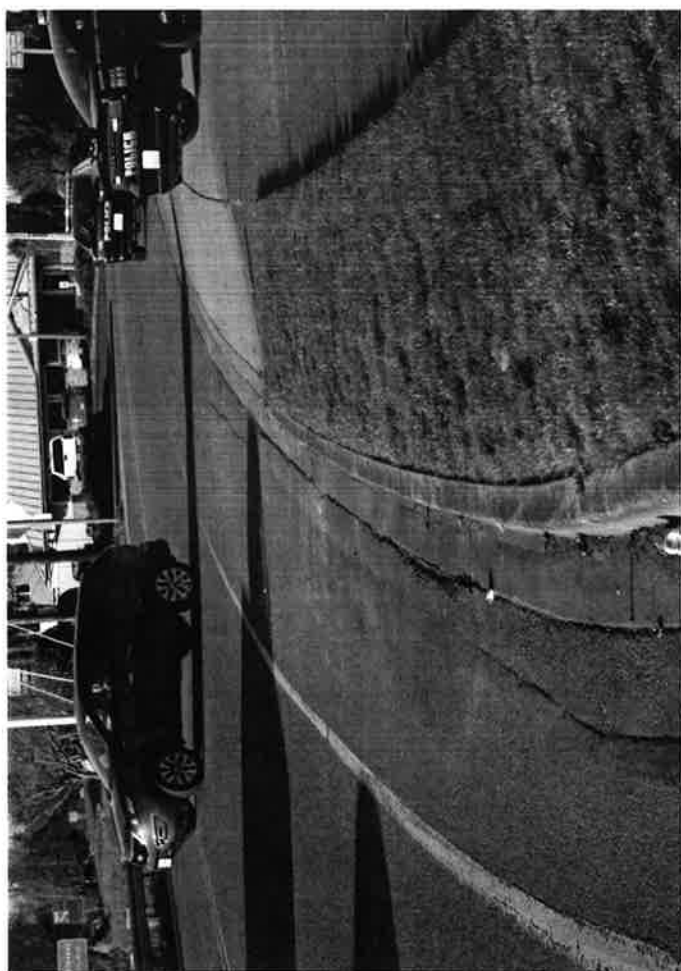
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File











CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-00551

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD

- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

JYARJ06E04A016833

LICENSE

3B4334

STATE

WA

YEAR

2004

MAKE

YAMA

MODEL

YZF

MILEAGE

STYLE

R6S

COLOR

BLUE

☐ Report of Sale☐ Digital

DRIVER

NAME (LAST, FIRST, MI)

CAROL BRIAN L

STREET ADDRESS

10811 27TH ST NE

CITY, STATE, ZIP CODE

LAKA STEVENS, WA 98258

PHONE

DOB

3-12-69

REGISTERED OWNER

NAME (LAST, FIRST, MI)

SAMIE

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

SAMIE

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 4/28/2015 AT 1557 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE MAC'S TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 923 VERNON RD LAKA STEVENS

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

5099-007

DATE 2-28-14

EQUIPMENT

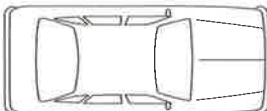
DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

☐ GLOVE BOX LOCKED☒ KEYS []☐ AUTO STEREO☐ AUDIO TAPES / CD'S []☐ CB RADIO☐ RADAR DETECTOR☐ TRUNK LOCKED☐ SPARE TIRE☐ JACK☐ CHAINS☐ OTHER _____☐ FRONT

SHADE DAMAGED AREA

☐ R FRONT☐ R SIDE☐ R REAR☐ L FRONT☒ L SIDE☐ L REAR☐ REAR☐ TOP☐ UNDERCARRIAGE☐ OTHER _____

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

DRIVER TRANSPORTED BY AID CAR
TO HOSPITAL

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

SNOHOMISH WA

BADGE NO.

72

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

FAX COVER SHEET

Phone 425-334-9537 Fax 425-334-9842



TO:	SNO PAC	FAX:	
FROM:	OFC AUKIRMAN #72	DATE:	2/26/2015
CC:		PAGES:	2
RE:	MC Impound 15-00551		

☒ WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

[illegible]

**** If you have received this fax in error please notify the sender and destroy this document ****

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	0058
DESTINATION ADDRESS	914254073968
SUBADDRESS	
DESTINATION ID	SnoPac
ST. TIME	02/28 17:51
TX/RX TIME	00' 34
PGS.	2
RESULT	OK

LAKE STEVENS POLICE DEPARTMENT
FAX COVER SHEET

**2211 Grade Road
Lake Stevens WA 98258
Phone 425-334-9537 Fax 425-334-9842**



TO:	SNO PAL	FAX:	
FROM:	OFC AUKIIMAH #72	DATE:	2/26/2015
CC:		PAGES:	2
RE:	MC IMPOUND 15-00551		

☒

WHEN THIS BOX IS CHECKED, THE FOLLOWING IS **CONFIDENTIAL POLICE INFORMATION** AND MAY NOT BE DISSEMINATED.

[illegible]

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound X

Private Impound _____ Repo _____

For Police Impound: Reason for Impound and Case Number (if available):
(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)Case Number: 15-00551

Reason:

MKE/ (Circle One)

EVI

EVIP

EVRORI/ WA031/900LIC/ 3B4334LIS/ WALIY/ 2015

LIT/

VIN/ JYARJ06E04A016833VYR/ 04VMA/ YannaVMO/ Y2F

VST/

VCO/ BIUDATE OF IMPOUND/REPO: 2-28-15TOW COMPANY NAME: Macks TowingTOW COMPANY OCA/** 5099PHONE #: 360-568-3131

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: 923 Vernon RdCity of Jurisdiction: LKS

For Repo:

Financial Institution:

Contact Person:

Phone #:

For Teletype:

Date: 2-28-15Entered By: 374WAC #: 15V0023429

Checked By: _____

Checked Date: _____

DATE: 02-28-2015 06:36:50 PM Type: Recv

SUBJECT: NEA FROM NLETS - EV: 5099, 20150228, JYARJ06E04A01

Message:

NEA.ILNATBC00

19:36 02/28/2015 44053

19:36 02/28/2015 45027_WA0311900

*049V003KOR

TXT

IMPOUND RECORD ADDED

VIN/JYARJ06E04A016833.FIL/I1505903117.

02/28/2015, 18:35:59 - MKE: NEA - Source: NLETS - From: ILNATBC00 - To: EVECC -
ISN: 049V003KQ1 - REF: 049V003KOR

=====

DATE: 02-28-2015 06:36:47 PM Type: Recv

SUBJECT: QV FROM NCIC - EV: 5099, 20150228, JYARJ06E04A0168

Message:

1L01049V003KORQV

WA0311900

NO RECORD LIC/3B4334 LIS/WA

NO RECORD VIN/JYARJ06E04A016833

02/28/2015, 18:35:56 - MKE: QV - Source: NCIC - To: EVECC - ISN: 049V003KPK -
REF: 049V003KOR

=====

DATE: 02-28-2015 06:36:46 PM Type: Recv

SUBJECT: EV FROM WACIC - EV: 5099, 20150228, JYARJ06E04A016

Message:

WA0311900

ENTERED EVI LIC/3B4334

VIN/JYARJ06E04A016833

WAC/15V0023429 OCA/5099

02/28/2015 AT 18/35

BE ADVISED THAT SNOPAC EVERETT PREVIOUSLY INQUIRED ON: LIC/3B4334
AT 15:55 ON 02/28/2015 FROM SE270 MNE(SE270)

BE ADVISED THAT SNOPAC EVERETT PREVIOUSLY INQUIRED ON: LIC/3B4334
AT 18:17 ON 02/28/2015 FROM SE261 MNE(SE261)

02/28/2015, 18:35:55 - MKE: EV - Source: WACIC - To: EVECC - ISN: 049V003KPE -
REF: 049V003KOR

=====

CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD

- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM.

- ☐ CHECK INDICATES DRIVER IS DWLS/A AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

- ☐ CHECK INDICATES THE DRIVER IS OWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

15-00551

VEHICLE INFORMATION

VIN JYARJ06E04A016833				
LICENSE 3B4334	STATE WA	YEAR 2004	MAKE YAMAHA	MODEL YZF
MILEAGE <input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital		STYLE R6S	COLOR BLUE	
DRIVER NAME (LAST, FIRST, MI) CARYL BRIAN L STREET ADDRESS 10811 27TH ST NE CITY, STATE, ZIP CODE LAKE STEVENS WA 98258 PHONE DOB		REGISTERED OWNER NAME (LAST, FIRST, MI) SAME STREET ADDRESS CITY, STATE, ZIP CODE PHONE		LEGAL OWNER NAME (LAST, FIRST, MI) SAME STREET ADDRESS CITY, STATE, ZIP CODE PHONE


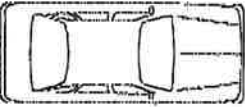
AUTHORIZATION AND RECEIPT

ON THIS DATE OF 2/28/2015 AT 1557 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE MARKS TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 923 VERMONT RD LAKE STEVENS

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 5098-007 DATE 2-28-14

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input checked="" type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER		
<input checked="" type="checkbox"/> KEYS []			
<input type="checkbox"/> AUTO STEREO			
<input type="checkbox"/> AUDIO TAPES / CD'S []			
<input type="checkbox"/> CB RADIO			
<input type="checkbox"/> RADAR DETECTOR			
<input type="checkbox"/> TRUNK LOCKED			
<input type="checkbox"/> SPARE TIRE			
<input type="checkbox"/> JACK			
<input type="checkbox"/> CHAINS			
<input type="checkbox"/> OTHER			

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

DRIVER TRANSPORTED BY AIR CAR
TO HOSPITAL

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X [Signature]

SNOWS MIST WA
COUNTY, WA

BADGE NO. 72

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

3000-110-070 (R 7/11)

SUPERVISOR

Incident History for: #SS15004018 Xref: #SS15004019
Entered 02/28/15 15:45:21 BY SPCT09 SP0279
Closed 02/28/15 15:52:07

Initial Type: INFO Initial Alarm Level: Final Alarm Level:
Final Type: INFO (INFORMATION/ADVISED) Pri: 3 Dispo: DUP
Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST
Src: T
Loc: 923 VERNON RD ,LKS -- LES SCHWAB TIRES ,LKS btwn N DAVIES RD & 11 PL NE (V
)

Loc Info:

Name: MIKE

Addr:

Phone:

/1545	(SP0279)	ENTRY	, M UNCON, BICYCLE CRASH
/1546	(SP0333)	AGCADV	, BCST
/1547		AGCADV	, BCST
/1547		VIEWED	
/1552		\$CROSS	#SS15004019
/1552		DUP	#SS15004019
/1552		CANCEL	
/1552		CLOSE	

Incident History for: #SS15004019 Xref: #SS15004018 #AG15000559

Case Numbers: \$SS15000551

Entered 02/28/15 15:51:09 BY SPDF26 SP0355

Dispatched 02/28/15 15:51:28 BY SPDP17 SP0333

Enroute 02/28/15 15:51:28

Onscene 02/28/15 15:54:33

Closed 02/28/15 16:37:34

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src:

Loc: 923 VERNON RD , LKS -- LES SCHWAB TIRES , LKS btwn N DAVIES RD & 11 PL NE (V

)

Loc Info:

Name: MCCALLY, MIKE

Addr:

Phone: 4259318693

/1551 (SP0355) COPY , REQ LKS PD, MC RIDER HAD SEIZURE, NEED TC ALSO
/1551 \$CROSS #AG15000559
/1551 (SP0333) DISPER 19D3 #SS72 AUKERMAN, OFFICER (WAYNE)
/1552 \$CROSS #SS15004018
/1552 DUP #SS15004018
/1552 DUP NAM: MIKE
/1554 (SS72) *ONSCNE 19D3
/1555 (*****) REMINQ 19D3 3B4334
/1555 (SP0333) REMINQ 19D3 LIC, 19D3, 3B4334, , ,
/1556 ROTREQ 19D3 TOW 5024 LKS ANGEL TRANSPORT & TOWING
3605680918
/1556 (*****) REMINQ 19D3 CARYL. BRIAN. L. 03121969. .
/1556 (SP0333) REMINQ 19D3 NAME, 19D3, CARYL, BRIAN, L, 03121969, ,
/1557 ROTREQ 19D3 TOW 5099 LKS MACK'S TOWING
3605683131 , VOICEMAIL FOR ANGEL
/1617 ASNCAS 19D3 \$SS15000551
/1621 (SS72) *MISC 19D3 , TOW ON SCENE
/1637 *CLEAR 19D3 D/H
, NEG 1 PROS REVIEW-VEHICLE COLLISION
/1637 CLOSE 19D3

Incident History for: #AG15000559 Xref: #SS15004019

Case Numbers: \$AG15000753 \$AX15006095

Entered 02/28/15 15:45:18 BY SPCT09 SP0279

Dispatched 02/28/15 15:45:20 BY SPDF26 SP0355

Enroute 02/28/15 15:46:29

Onscene 02/28/15 15:49:47

Closed 02/28/15 16:59:22

Initial Type: MED Initial Alarm Level: 1 Final Alarm Level: 1

Final Type: MED (MEDIC (ALS) RESPONSE) Pri: 1 Dispo: 24M1

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: AG1 Beat: AG82

Src: T

Loc: 923 VERNON RD ,LKS -- LES SCHWAB TIRES ,LKS btwn N DAVIES RD & 11 PL NE (V

)

Loc Info:

Name: MCCALLY, MIKE

Addr:

Phone: 4259318693

/1545 (SP0279) ENTRY

/1545 (SP0355) DISP A82

, M UNCON, BICYCLE CRASH

#AG106 BARRY, CAPT (MIKE)

#AG123 CHANDLER, FF (GARY)

#AG241 DONALDSON, FF (BRIAN)

/1545 \$ASNCAS A82

\$AG15000753

/1545 ASST M82

#AG127 RAYNER, FF/PM (DAVID)

#AG123 CHANDLER, FF (GARY)

/1545 ASST STN82

/1545 ASST PGEND

/1545 \$ASNCAS PGEND \$AX15006095

/1545 AIQ STN82

/1545 AIQ PGEND

/1545 PISEEN

/1546 (A82) *ENROUT A82

/1546 (SP0279) CHANGE

NAM: MIKE --> MCCALLY, MIKE,

PHO: --> 4259318693,

TXT: POSS IN SIEZURE, WAS WEARING A HELMET, NOW

APPEARS TO BE COMING OUT OF SIEZURE

/1546 (M82) *ENROUT M82

/1547 (SP0279) CHANGE

DSP: 24M1

/1549 (M82) *ONSCNE M82

/1550 (SP0355) ONSCNE A82

/1551 \$CROSS

#SS15004019

/1608 TRANS A82

[PROV]

/1608 CLEAR M82

/1624 TRANSC A82

/1659 (A82) AOR A82

/1659 CLOSE A82